

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0011897

DOCUMENT # L01000010608

1. Entity Name

REPUBLIC ENTERPRISES, LLC



FILED

2003 OCT -3 PM 3:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1360 N.W. 33RD ST.
POMPANO BEACH FL 33064

Mailing Address

1360 N.W. 33RD ST.
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1117080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUCCI, MARK S ESQ.
BENSON, MOYLE & MUCCI, LLP
ONE FINANCIAL PLAZA, STE. 1600
FT LAUDERDALE FL 33394

Name Jim Robertson

Street Address (P.O. Box Number is Not Acceptable)
1360 N.W. 33rd Street

City Pompano Beach

FL

Zip Code
33064

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

Jim Robertson

(NOTE: Registered Agent signature required when reinstating)

9-22-03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

800023550168

09/03/03--01082--003 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME RETTERATU, JASON
STREET ADDRESS 132 SE 18TH AVE
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM ☐ Delete
NAME ROBERTSON, JIM
STREET ADDRESS 2929 VIA NAPOU
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☒ Change ☐ Addition
NAME JIM ROBERTSON
STREET ADDRESS 6581 AUDUBON TRAIL
CITY-ST-ZIP LAKEWORTH, FLA. 33467

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE REQUIRED

9-22-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)